

**TYPE III SCHOOL BUS
PRE-TRIP INSPECTION REPORT
(MONTHLY)**

District / Carrier _____ Date _____

Bus Number _____ Starting Mileage _____ Ending Mileage _____

Driver Name / Driver Designee _____

	CHECKED			CHECKED	
	Ok	Defect		Ok	Defect
MECHANICAL CHECK: ***Hood <u>MUST</u> be opened*** Coolant level <input type="checkbox"/> Ok <input type="checkbox"/> Defect Oil level <input type="checkbox"/> Ok <input type="checkbox"/> Defect Power steering fluid <input type="checkbox"/> Ok <input type="checkbox"/> Defect Transmission fluid <input type="checkbox"/> Ok <input type="checkbox"/> Defect Windshield washer fluid <input type="checkbox"/> Ok <input type="checkbox"/> Defect Alternator <input type="checkbox"/> Ok <input type="checkbox"/> Defect Water pump <input type="checkbox"/> Ok <input type="checkbox"/> Defect Power steering pump <input type="checkbox"/> Ok <input type="checkbox"/> Defect Check belts and hoses <input type="checkbox"/> Ok <input type="checkbox"/> Defect Check for leaks <input type="checkbox"/> Ok <input type="checkbox"/> Defect Wheel: tire, lugs, rims <input type="checkbox"/> Ok <input type="checkbox"/> Defect Brakes: drum, rotators, lining, fluid (level / leaks), parking <input type="checkbox"/> Ok <input type="checkbox"/> Defect Springs, shock absorbers <input type="checkbox"/> Ok <input type="checkbox"/> Defect Fuel gauge (level) <input type="checkbox"/> Ok <input type="checkbox"/> Defect			INTERNAL INSPECTION: (Engine running, parking brake on) Oil pressure builds <input type="checkbox"/> Ok <input type="checkbox"/> Defect Ammeter/voltmeter <input type="checkbox"/> Ok <input type="checkbox"/> Defect Lighting indicators <input type="checkbox"/> Ok <input type="checkbox"/> Defect Steering play <input type="checkbox"/> Ok <input type="checkbox"/> Defect Horn <input type="checkbox"/> Ok <input type="checkbox"/> Defect Clutch/gearshift <input type="checkbox"/> Ok <input type="checkbox"/> Defect Heater/defroster <input type="checkbox"/> Ok <input type="checkbox"/> Defect Mirrors <input type="checkbox"/> Ok <input type="checkbox"/> Defect Windshield <input type="checkbox"/> Ok <input type="checkbox"/> Defect Wipers / Washer <input type="checkbox"/> Ok <input type="checkbox"/> Defect Safety/emergency equipment fire extinguisher <input type="checkbox"/> Ok <input type="checkbox"/> Defect first aid, body fluid cleanup kit <input type="checkbox"/> Ok <input type="checkbox"/> Defect seat belt cutter <input type="checkbox"/> Ok <input type="checkbox"/> Defect Seats secure <input type="checkbox"/> Ok <input type="checkbox"/> Defect Seat belts <input type="checkbox"/> Ok <input type="checkbox"/> Defect Child restraints / car seats <input type="checkbox"/> Ok <input type="checkbox"/> Defect		
EXTERNAL INSPECTION: Lights: signal, stop, headlights, license plate light <input type="checkbox"/> Ok <input type="checkbox"/> Defect Doors and mirrors <input type="checkbox"/> Ok <input type="checkbox"/> Defect Window glass <input type="checkbox"/> Ok <input type="checkbox"/> Defect Fuel tanks <input type="checkbox"/> Ok <input type="checkbox"/> Defect Exhaust <input type="checkbox"/> Ok <input type="checkbox"/> Defect			WHEELCHAIR – N/A <input type="checkbox"/> Anchor points, belts, straps, lift inspection, interlock safety system functional <input type="checkbox"/> Ok <input type="checkbox"/> Defect		

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<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
<input type="checkbox"/> Date	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The school bus driver or designee **MUST** complete a **DAILY** pre-trip inspection of the school bus prior to the buses use.

This form **MUST BE** carried in the school bus at times when in use. Turn in the completed form at the end of month.

<p>Driver Comments or explanation of defect(s) discovered:</p>

Repairs completed by: _____ **Date:** _____